

Cambridgeshire County Council



ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

Administrative County of Cambridge

for the Year 1943

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INDEX.

	PAGE
Ante Natal and Post Natal Work	5-6
Birth Rate	1-2
Blind Persons Act	11
Cancer	1
Child Welfare, Maternity and	4-6
Death Rate from All Causes	1
Diphtheria	3-4
Health Visiting	9
Infantile Mortality	2
Infant Welfare Centres	5
Infectious Diseases	2-3
Maternal Mortality	2
Maternity Beds	5
Mental Deficiency	11
Notification of Births	4
Nursing Homes, Maternity and	6
Pneumonia	3
Population	1
Scarlet Fever	3
Small-pox	3
Statistics	1
Still-births	1, 4
Tuberculosis	6-9
Venereal Diseases	10-11

INTRODUCTION

This report refers to the fourth complete year of war and is on the same lines as those relating to the other war years. Only rates are published and not actual estimates of population or numbers of births and deaths.

VITAL STATISTICS AND
INCIDENCE OF INFECTIOUS DISEASE

<i>Birth Rate :</i>					1941	1942	1943
Administrative County	...	...	...	...	13.0	16.0	16.7
Cambridge	...	...	...	...	13.0	16.1	17.5
Rural Districts	...	...	...	...	13.0	16.0	15.8
Chesterton	...	...	...	...	12.5	16.6	15.8
Newmarket	...	...	...	...	14.2	14.5	14.6
South Cambridgeshire	...	...	...	...	12.6	16.4	16.9
<i>Illegitimacy Rate:</i>							
Administrative County	...	...	...	...	5.2%	6.1%	7.8%
Cambridge	...	...	...	...	5.6%	7.0%	8.8%
Rural Districts	...	...	...	...	4.8%	5.3%	6.8%
<i>Still-birth Rate:</i>							
Administrative County	...	...	...	...	27.1	28.2	32.6
Cambridge	...	...	...	...	19.0	34.1	29.8
Rural Districts	...	...	...	...	34.7	23.3	36.0
<i>General Death Rate:</i>							
Administrative County	...	...	...	...	12.1	11.8	11.7
Cambridge	...	...	...	...	11.6	11.2	12.0
Rural Districts	...	...	...	...	12.5	12.5	11.4
<i>Infant Mortality Rate:</i>							
Administrative County	...	...	...	...	42.6	40.1	32.6
Cambridge	...	...	...	...	37.9	38.8	38.7
Rural Districts	...	...	...	...	47.0	41.4	25.7
<i>Maternal Mortality Rate (Total births):</i>							
(a) From sepsis :							
Administrative County	...	...	...	...	0.9	Nil	Nil
Cambridge	...	...	...	...	0.9	Nil	Nil
Rural Districts	...	...	...	...	0.9	Nil	Nil
(b) From other puerperal conditions:							
Administrative County	...	...	...	...	1.3	1.5	1.1
Cambridge	...	...	...	...	2.6	0.8	2.1
Rural Districts	...	...	...	...	Nil	2.3	Nil
<i>Tuberculosis Death Rate:</i>							
(a) Pulmonary :							
Administrative County	...	...	...	...	0.42	0.31	0.48
Cambridge	...	...	...	...	0.48	0.28	0.54
Rural Districts	...	...	...	...	0.37	0.33	0.42
(b) Non-pulmonary :							
Administrative County	...	...	...	...	0.08	0.08	0.03
Cambridge	...	...	...	...	0.05	0.06	0.06
Rural Districts	...	...	...	...	0.11	0.10	Nil
(c) All forms :							
Administrative County	...	...	...	...	0.50	0.39	0.51
Cambridge	...	...	...	...	0.53	0.34	0.60
Rural Districts	...	...	...	...	0.48	0.43	0.42
<i>Cancer Death Rate:</i>							
Administrative County	...	...	...	...	2.0	1.9	2.0
Cambridge	...	...	...	...	2.0	1.8	1.9
Rural Districts	...	...	...	...	2.0	2.1	2.1

In considering the above rates, several sources of possible inaccuracy should be borne in mind. In the first place, the year under review is twelve years distant from the year of the last census and therefore the estimated population on which the calculated rates are based may be far from representing the actual

population, though a reasonably satisfactory method of estimation now exists in the number of ration books issued. Secondly, statistics relating to the non-civilian section of the population are not issued by the Registrar-General and thirdly, the population is even now so unstable as to make a reasonable assessment of the factors affecting the rates very difficult.

The birth rate for the County as a whole continues to rise and the rate recorded is the highest since 1921. There has, however, been a fall in the rural area as a whole and at first sight it appears that the Borough of Cambridge is wholly responsible for the rise. Actually, it is only in the Rural District of Chesterton that there has been a fall, the rate in Newmarket Rural District being almost stationary and that in South Cambridgeshire having risen somewhat.

The illegitimacy rate follows its previous trend and no doubt a high figure will persist till the end of the war. It is difficult to evaluate its precise significance.

The still-birth rate has unfortunately risen during the three past years in the County as a whole, but here again the tendency is not constant in the various parts, a high rate in the Borough appearing to be accompanied by a low rate in the rural area and vice versa.

The general death rate has not risen, but this state of affairs has been brought about by a considerable fall in the rural area, the unusual position of a lower rate there than in the Borough of Cambridge being created. The rate in the Borough has risen steadily since 1941, but it is just in connection with the general death rate that the unstable nature of the population makes satisfactory comparisons impossible. Before the war, the Registrar-General used to issue a comparability factor, the use of which made allowances for the differences in age and sex distribution of the population in different places, but he has decided that war conditions make it unjustifiable for him to do so.

The fall in the infant mortality rate is gratifying. The figure for the whole county is not quite a record, as that for the year 1938 (29.9) was better, but it represents the next lowest figure. The rate in the Borough of Cambridge has not fallen and, as was the case in 1938, the low figure is produced by an outstanding fall in the rural area which has established a new low record for that part of the County. The usual warning against accepting the figure for one year as a trend must be issued. The fall is caused by a marked diminution in the number of deaths from prematurity and congenital malformations, particularly the latter, a fall which is just as difficult to explain as was the previous rise.

The maternal mortality figure may also be regarded with some degree of satisfaction. There has been no mortality of any kind in the rural area and, for the second year in succession, no mortality from sepsis in any part of the County.

The most disappointing of the figures is the death rate for pulmonary tuberculosis. The low record set up in 1942 has not been maintained and the 1943 figure is higher even than that for 1941. It is necessary to go as far back as 1933 before a figure as high as that for the whole county in 1943 can be found, while in the Borough so high a figure has not been recorded since 1929, though the figure for 1931 (0.53) was substantially the same. It should be remembered, however, that the mortality from tuberculosis tends to lag behind the incidence of the disease and the increased mortality in 1943 is probably a reflection of the increased incidence in the earlier years of the war. Since the incidence has fallen somewhat in the last two years, a subsequent fall in the mortality may be expected. The mortality from non-pulmonary tuberculosis has fallen and therefore the figure for total mortality is not quite so disquieting as it might have been.

The figures showing the incidence of the principal infectious diseases in the County during the year, with those of the two previous years for comparison, are set out below :—

	1941	1942	1943
Scarlet Fever	139	194	206
Diphtheria	86	61	26
Enteric Fever	10	5	3
(including paratyphoid)			
Smallpox	—	—	—
Cerebro-spinal Fever...	33	12	7
Pneumonia	91	85	82

The number of cases of diphtheria is lower than it has been since 1937 and it may be hoped that the immunisation campaign has had some influence in bringing this about, though in 1937 and the immediately preceding years when little or no immunisation was done the incidence was lower still. Among the 26 cases, only 2 occurred in the rural area.

Cerebro-spinal fever continues to decline and there is nothing in the incidence of the other common infections calling for comment.

Diphtheria Immunisation.—This work has continued during 1944 on the same lines as formerly, but it is noticeable that enthusiasm for it is waning and it is difficult to know how to maintain it in view of the prolonged absence of an outbreak of diphtheria of any size. During the year an advertisement on lines suggested by the Ministry of Health detailing facilities was inserted in the local press and no doubt this may have done something to remind the public of the importance of the matter.

The arrangements at schools and infant welfare-centres have been largely superseded by the Rural District Councils' schemes of individual immunisation, but nevertheless work of the former variety has gone on to some extent.

The number of children of under school age treated in schools during 1943 was 28 and the following table gives the numbers at infant welfare centres, the figures in brackets indicating children who have had one injection only :—

	<i>Children treated</i>				
Abington...	...	...	...	...	—
Bassingbourn	...	...	...	...	26
Bottisham	...	...	...	...	9
Bourn	...	...	...	...	35 (6)
Burwell	...	...	...	...	22
Cheveley	...	...	...	...	25
Cottenham	...	...	...	...	28
Coton	...	...	...	...	30
Fordham	...	...	...	...	41
Fulbourn	...	...	...	...	20
Girton	...	...	...	...	14
Great Shelford	...	...	...	...	—
Harston	...	...	...	...	16
Histon	...	...	...	...	58
Linton	...	...	...	...	20
Melbourn	...	...	...	...	16
Sawston	...	...	...	...	—
Soham	...	...	...	...	—
Steeple Morden	...	...	...	...	17 (12)
Waterbeach	...	...	...	...	—
Willingham	...	...	...	...	12
TOTAL	...	...	...	...	389 (18)

The number of children of school age receiving two immunising injections in school was 432 in Cambridgeshire schools and 28 in one separate school for evacuees, a total of 460 as against the previous year's total of 1,384 in this class.

Under the individual schemes of the Rural District Councils 833 children of under school age were immunised, making the total in this class 1,222, an improvement on the figure of 955 in the previous year, though still below that of 1,682 in 1941.

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

In 1943 notification of intention to practise was received from 45 midwives, some of whom notified to enable them to deal with individual cases. The total number known to be practising at the end of the year was 39.

Midwives attended 734 confinements during the year, acting as midwives only in 396 cases and as maternity nurses under medical direction in 338. They found it necessary to summon medical aid in 172 of the cases in which they acted as midwives only.

For the first time for many years there has been a fall in the number of women admitted for confinement to the County Hospital, Mill Road, Cambridge. The total number of such admissions was 759 as against 823 in the previous year, of which 258 were from the rural area (295 in 1942). So far as the rural area is concerned, the fall may be partly due to a slight diminution in the total number of births, though actually this diminution is not so great as to account for the difference between the number of cases taken by the midwives and the number admitted to the County Hospital added together in the two years. The balance may perhaps be made up of an increased number admitted to nursing homes outside the area.

Sixty women from the rural area were admitted to Addenbrooke's Hospital for abnormalities connected with pregnancy or parturition, the same number as in the previous year.

Apart from the difficulties at Great and Little Chishill mentioned in the report on the previous year the Midwives Act of 1936 has worked smoothly.

In 1943 the County Council decided to make a beginning on an experimental basis with arrangements for the provision of gas and air analgesia to women desiring to avail themselves of it, amended regulations issued by the Central Midwives Board having removed some of the difficulties which previously existed. Apparatus was ordered with a view to its use in the Fordham District Nursing area and in the Willingham District Nursing area, but unfortunately only one set had been delivered by the end of the year and for various reasons it was not possible to make use of that to such an extent as to enable any report on the work to be made. It has been found possible for suitable members of the British Red Cross Society to act as the second persons required to be present at confinements where gas and air analgesia is used.

The total number of births notified (not registered) in the rural area in 1943 was 729 of which 18 were still-births. Of these 636 were notified by midwives and 93 by doctors or parents. The discrepancy between the number of births notified and the number registered is rather large and lends further colour to the suggestion that many confinements took place outside the area.

The number of women examined ante-natally under the Council's scheme was 456, while the number examined post-natally was 200. The following are the details :—

Ante-natal examinations at or about the 16th week :

To be delivered by midwife	To be transferred to doctor	Referred to hospital	Consultant's opinion required	Institutional delivery recommended
291	3	5	4	9

Ante-natal examinations at 32nd—36th week :

285	6	10	4	5
-----	---	----	---	---

Post-natal examinations (1) :

Cases taken normal course	Treatment required (excluding dental treatment)	Treatment being obtained	Reference to hospital desirable
137	13	8	—

Post-natal examinations (2) :

84	10	2	4
----	----	---	---

There were 5 obstetric consultations in 1943, 2 more than in the previous year.

The following are the figures relating to visits paid by Health Visitors :—

To children under 1 year	1st visits	... 1,026
	Total visits	... 10,371
To children aged 1-5	Total visits	... 14,321

The supervision of boarded-out children has proceeded as in former years, there having been no visits necessary under the Adoption of Children (Regulation) Act of 1939. The details are as follows :—

Homes inspected		13
Approved		13
Total number supervised		125
Children on register at beginning of year		97
New cases		28
Removed from register (all cases)		45
Remaining on register at end of year		80
Orders of Court made under Sect. 212		Nil

There were 2 cases of failure to notify the removal of a child.

Infant Welfare Centres.—The number of centres in operation during the year was 21, that at Soham having recommenced full working.

The number of children attending the centres during the year was 1,858, of whom 505 were still under the age of one year at the end of the year. The number of new children attending was 892, of whom 607 were under the age of one year, at the date of their first attendance.

Registration of Nursing Homes.—This work proceeded on accustomed lines during the year.

One application for the registration of a maternity home containing two beds in the rural area and one for the registration of new premises for an existing nursing home for general medical cases in the Borough of Cambridge were received and granted during the year.

The total number of registered nursing homes in the administrative county at the end of the year was 15, containing 45 maternity beds and 78 others.

TUBERCULOSIS

The following figures relate to new cases of tuberculosis coming to the notice of the Medical Officer of Health, by formal notification or otherwise, during 1943 :—

<i>Age Periods</i>	<i>Pulmonary</i>		<i>Non-pulmonary</i>	
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>
0	—	—	2	—
1	1	—	6	2
5	1	1	3	5
10	1	2	3	5
15	6	11	1	3
20	8	13	2	1
25	16	18	1	4
35	13	10	1	2
45	9	4	—	—
55	5	6	1	—
65 and upwards	3	2	—	—
	63	67	20	22

In 28 of these cases information was derived through channels other than formal notification, namely, from the death returns of local registrars, 25, and from posthumous notifications, 3. The first of these figures is one more than that of the previous year and is very much above the pre-war level.

The number of cases of pulmonary tuberculosis was 15 less than that of 1942, which was itself 25 less than that of 1941, so that there is some ground for hope that the incidence of the disease is declining. Male patients are responsible for the whole of the decrease, there having been 2 more female patients. The decrease has taken place chiefly in the two age groups 45-55 and 55-65 where there have been only 14 cases as against 37 in the previous year. This is in contrast to the 1942 experience when the decrease had been chiefly in the age group 25-35, a group which shows a considerable increase in 1943.

The number of non-pulmonary cases is 2 more than that of the previous year, the increase being confined to the female sex.

There has thus been a decrease of 13 in the total number of cases of tuberculosis but the figure is still slightly higher than that of 1940 and very considerably higher than that of 1939.

Dispensary and Homes.—As was mentioned in the report on the year 1942, Dr. Paton Philip returned to full duty in the middle of 1943, and has remained in good health and able to carry out his duties with full efficiency since then. Dr. Coutts remained to assist him for a time, but obtained another appointment in November, 1943, since when no attempt to replace him has been made, Dr. Philip continuing single-handed as in pre-war days.

Miss Lucy Farr decided that she would be unable to extend her period of service as Tuberculosis Nurse beyond the end of the year, and her resignation took effect on December 31st. Her place has been taken by Miss E. M. Hall, who had previously done similar work for the Nottinghamshire County Council and who entered the service of the Cambridgeshire County Council on December 1st, 1943.

The following figures set out the work carried out during the year :—

1. Cases examined at or in connection with the Clinic :—

	<i>Borough</i>	<i>Rural</i>	<i>Total</i>
New cases	1,223	491	1,714
Old cases	315	290	605
	1,538	781	2,319

2. Visits by patients to Clinic :—

Insured Persons	1,781	697	2,478
School Children	401	351	752
Other Uninsured Persons...	798	364	1,162
	2,980	1,412	4,392

3. Visits to Homes :—

(a) *By Tuberculosis Officer*:—

Insured Persons	130	97	227
School Children	13	13	26
Other Uninsured Persons...	73	30	103
Total 1943	216	140	356
„ 1942	133	482	615

(b) *By Clinic Nurse*:—

Insured Persons	175	240	415
Uninsured Persons	106	290	396
Total 1943	281	530	811
„ 1942	342	567	909

(c) *By General Nursing Staff*:—

Insured Persons	229	232	461
Uninsured Persons	123	369	492
Total 1943	352	601	953
„ 1942	431	675	1,106

In 1943 the total number of new cases examined was 1,714 as against 1,129 in 1942, of which 178 were found to be suffering from tuberculosis (177 in 1942). Of the 178 new cases, 35 were transfers from other areas. Of the total number of new cases 178 were contacts, of whom 9 proved to be infected.

At the end of the year 712 names remained on the register, 272 having at some time or other had tubercle bacilli present in the sputum. The number remaining on the register was 27 more than the corresponding number at the end of 1942.

The number of specimens of sputum examined was 281, tubercle bacilli being found in 63.

X-ray examinations numbered 4,241 (2,499 in 1942) of which 3,486 were cases in which films were taken and 755 required screen examination only.

Fifty-two cases received artificial pneumothorax treatment throughout the year (33 in 1942), the total number of refills being 720 (521 in 1942).

Seven cases received dental treatment at the Clinic, four more than in 1942.

This is not one of the areas to which one of the new outfits for miniature mass radiography has been allocated by the Ministry of Health, but nevertheless some attempt has been made to carry out similar work with the existing apparatus for full-size radiography. Arrangements have been made with a well-known industrial firm in Cambridge whereby their employees attend at the Clinic for X-ray examination, irrespective of the existence of symptoms. The taking of large numbers of X-ray films of full size is obviously a more expensive business than the taking of a corresponding number of miniature films, but the expenditure is well worth while if cases can be discovered and treated at an early stage, with the prevention of a considerable period during which infection might be spread through a group of people. During 1943, 358 individuals were X-rayed in this way and the presence of active disease was discovered in 3. Two more people showed evidence of healed lesions. In other words, a total of 1.4 per cent. of those examined showed evidence of infection of whom 0.83 per cent. were suffering from the disease in an active and presumably communicable form.

Comparison of the details of the above account of the work of the Clinic with those for the year 1942 shows that there has been a very marked increase in the amount of work done. The number of new cases seen at the Clinic was 585 greater than in 1942 and the number of old cases 105 greater. The total number of visits to the Clinic rose by no fewer than 1,584 and the number of X-ray examinations by 1,742, while the number of pneumothorax refills was greater by 199. Inevitably there has been some diminution in the number of home visits but on balance a much larger amount of work has been done and it may be that the time has arrived to consider whether Dr. Philip should continue to shoulder this large burden without help.

Care and Aftercare.—The Cambridgeshire Tuberculosis After-Care Association operated on the usual lines in 1943, the grant from the County Council being £250. Thirty-seven cases were assisted, 8 being men and 29 women.

The outstanding event of the year relating to the care of patients suffering from tuberculosis has been the issue by the Ministry of Health of Memorandum 266/Γ. The object of the scheme outlined in this memorandum is to make it possible to afford financial help to patients who have to give up remunerative work to enable them to undertake treatment. A scale of allowances has been set out to cover the family responsibilities and previous financial commitments of the individuals concerned, the hope being that there will consequently be less reluctance to obtain treatment at an early stage with eventually a corresponding reduction in the number of advanced cases liable to spread infection to their fellows.

The scheme applies to pulmonary tuberculosis only and it does not apply to the chronic or advanced case in which cessation of work would in any event have been caused by the extent of the disability and in which there is little or no hope of restoration of working capacity. While the reasons behind this second con-

dition are understandable, it is to be regretted from the preventive point of view that such a condition should have been considered desirable, since it is obvious that many a chronic case will struggle on at work in an infective condition to avoid recourse to Public Assistance. The limitation of the scheme in this way makes it important that Care Committees should continue to exist and should be no less active in helping cases which are in need of their assistance.

The allowances are divided into two main classes, maintenance and discretionary. Broadly speaking, the maintenance allowances are intended to cover the ordinary living expenses of an average family, while the discretionary allowances are to cover certain special expenses which it may be considered reasonable to continue while a patient is under treatment, such as life insurance premiums hire purchase instalments and school fees. Between committee meetings, the County Medical Officer is authorised to advise the payment of the former class and the Chairman of the Tuberculosis Sub-Committee of the Public Health Committee deals with the latter class. Due enquiry is made into financial circumstances and statements made by applicants, and these enquiries are renewed at approximately three-monthly intervals during the period of the allowances. Payment is made fortnightly, one week in advance and one week in arrear.

The Cambridgeshire County Council began to operate the scheme on July 1st, 1943, and from then until the end of the year 43 applications were granted of which 25 were in respect of sanatorium treatment and 18 in respect of approved domiciliary treatment.

Practically no difficulties in operation have been encountered apart from some dissatisfaction on the part of some chronic patients, who have had to be told that the scheme does not apply to them and that of ascertaining at the earliest possible date that a patient has commenced work. Delay in discovering this has led to the necessity of claiming the refund of allowances already paid in some instances. Particularly in the early days of the work it has not always been possible to pay the allowances as promptly as might have been desired with a consequence that application for Public Assistance has had to be made in the meantime. When entitlement to allowances has been determined, retrospective payment from the date of application is made and this necessitates some adjustment in view of the Public Assistance payments already made. Similar adjustments are sometimes required when an ex-service man or woman becomes entitled to a disability pension and receives arrears of payment.

Sanatorium Accommodation.—Pressure on beds has perhaps been somewhat less extreme than it was in the previous year, but the position is still far from easy and the happy pre-war state of having no waiting lists for admission is a thing of the past.

The following table gives the details of patients receiving sanatorium treatment :—

			<i>In Sanatoria</i>	<i>Admitted</i>	<i>Total</i>
			<i>Jan. 1st, 1943</i>	<i>during 1943</i>	<i>treated 1943</i>
Adult males	...	...	56	52	108
Adult females	...	...	40	32	72
Children	...	...	7	5	12
			103	89	192

The 89 new admissions represent a fall of 4 as compared with the previous year's figure (1941, 79 ; 1940, 45).

VENEREAL DISEASES

The following figures, which include civil and military cases and relate to the Isle of Ely, Huntingdonshire and other areas, as well as to Cambridgeshire, give some details of the work of the clinic at Addenbrooke's Hospital during 1943 :—

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Under treatment on January 1st, 1943 ...	87	43	130
Old cases re-admitted	9	7	16
" First-time " patients during 1943 ...	276	217	493
Total under treatment	372	267	639
Left without completing treatment ...	23	14	37
Completed treatment but not final tests ...	2	1	3
Completed treatment and tests	161	185	346
Transferred to other Treatment Centres ...	112	15	127
Under treatment at end of year	74	52	126
Out-patient attendances :			
(a) On Clinic days	1,753	1,177	2,930
(b) On intermediate days	1,811	130	1,941
Aggregate " In-patient " days	157	157	314

The total number of new cases represents a considerable fall as compared with the corresponding figure for the previous year, from 661 to 493. The total is also lower than that for the year 1941, but still considerably above that for the year 1940. Further analysis of it, however, makes it doubtful whether the ground for satisfaction is quite so substantial as it appears, since the whole of the fall is due to a diminution of the military cases treated (from 450 to 127). This means that there has been an actual rise of considerable magnitude in the number of civilian cases (from 211 to 366). This figure again requires analysis before its true significance can be appreciated. The total of 493 new patients includes 297 who were not suffering from venereal disease, a figure far and away in excess of anything previously recorded under this head. In the previous year the corresponding figure was 101. Of the 297 non-venereal cases, 47 were military, so that to arrive at the number of civilians actually suffering from venereal disease 250 must be deducted from the total of 366, leaving 116. The corresponding figure after making the appropriate deductions in 1942 was only 65 so that the regrettable position that there has been a two-fold increase in the number of civilian cases of venereal disease attending the clinic between the two years is the conclusion of the matter.

As regards Cambridgeshire cases only, there were 222 new patients as compared with 132 in the previous year, comprising 28 cases of syphilis (12 in 1942), 22 cases of gonorrhœa (19 in 1942) and 172 cases of non-venereal conditions (101 in 1942). The large increase in the last figure must indicate an increasing disposition to seek advice when a risk of infection has been run and it may be that the increase in the other two figures indicates no more than this since the figures relating to attendances at clinics are not an absolute measure of the incidence of venereal disease in an area, but merely an index from which some deductions as to incidence can be made. The small number of cases of gonorrhœa attending the clinic lends point to this statement since it is almost inconceivable that there have been only 22 civilian cases of gonorrhœa in the County in twelve months. The introduction of sulphonamide therapy has made gonorrhœa a relatively easy disease to treat and there is little doubt that more cases are now treated privately.

How far this applies to women cannot, of course, be estimated, but once again attention may be drawn to the extremely low figure (5) of women presenting themselves at the clinic for the treatment of gonorrhœa for the first time during the year from all areas and the proportionally low figure of female attendances for the intermediate treatment of that disease (66). The conclusion is inescapable that many cases of gonorrhœa in women go untreated or incompletely treated, constituting a reservoir of infection from which the disease spreads.

Laboratory Diagnosis.—The number of specimens submitted for Wasserman or Kahn reaction in 1943 was 1,706 (590 from the Clinic). The number examined bacteriologically was 567 (512 from the Clinic).

MENTAL DEFICIENCY ACTS

In 1943, 25 new cases were considered by the Mental Deficiency Committee, 3 notified by the County Education Committee, 8 by the Borough Education Committee, 8 privately, 1 by the Cambridgeshire Voluntary Association for Mental Welfare, 1 by the Police, 1 by the Secretary of State, and 1 each by the West Sussex, West Suffolk and Hunts County Councils.

The method of dealing with them was :—

Petition for Certified Institution	...	...	...	7
Statutory Supervision	...	...	...	13
Voluntary Supervision	...	...	...	2
Order by Secretary of State	...	...	...	1
Order of Court	...	...	...	1
No action	...	...	...	1

At the end of the year there were 25 cases on leave of absence from institutions.

Of the seven cases in which the presentation of a petition was authorised, only four had been admitted to institutions by the end of the year. It had been impossible to find suitable vacancies for the other three, an indication of the continuing difficulty in this respect.

BLIND PERSONS ACTS

At the end of the year there were 234 blind persons on the register, the distribution as to situation and age periods being as follows :—

	0-5	5-16	Over 16	Total
Borough ...	2	1	106	109
Rural Area ...	—	—	125	125
	2	1	231	234

After many years without cases of blindness in young children it becomes necessary to record two cases under the age of 5 years. Both cases are of congenital developmental defects and are not of venereal origin.

Of the 234 cases of blindness, 203 were regarded as unemployable. There were 10 homeworkers and 11 employed elsewhere in addition to 1 employed in a workshop for the blind. One trained worker was unemployed. Three blind persons were under training and 2 were regarded as trainable but not under training.

R. FRENCH,
County Medical Officer.

